

## KENTUCKY EMPLOYEES' HEALTH PLAN PY 2011 POST TAX REQUEST FORM

Unless a Post Tax Request Form is signed, employees who qualify for pre-tax status will AUTOMATICALLY receive qualified benefits under the Commonwealth's Cafeteria Plan (paying with pre-tax dollars). If you believe you have dependents covered on your plan who do not meet the eligibility requirements of a Qualified Child or a Qualified Relative pursuant to I.R.C. 152, you must request post-tax status. Serious consideration should be given to participation in qualified benefits under the cafeteria plan.

\* If you have elected to cross reference, your spouse will also need to fill out the post tax request form.

DEMOGRAPHIC INFORMA	$ATION  o Please \; PRINT$			
		/ / /		
Social Security Number	Dat	te of Birth (MM/DD/YYYY)		
NAME (First, MI, Last)			Company number	
Mailing Address				
City, State, Zip Code	County of Resi	idence	Country / Mail Code, if not USA	
Planholder's HOME Phone Number	Planholder's WORK Phone Number	Planholder's Email Addre	ess	
Hire Date	Employer Name	Wc	ork County	
Cafeteria Plan.  * I understand that I will not enrollment period.  * I also understand that sign opportunity to participate  * I understand that if I have	have another opportunity in this form does not cance in the pre-tax method of p	to participate as post cel my health insuranc cayment. ce coverage on a sep	mmonwealth of Kentucky's tax until a subsequent open e coverage, only my arate benefit enrollment form, I	
Employee Signature		Date		
Please sign and date this form	and give it to your payroll dep	artment.		
ayroll department signature		Date	Date	